

Medical Cause of Death
User Authentication for EVERS
North Dakota Department of Health

First Name

Middle Initial

Last Name

Facility Name and Address

License Number

User ID (*State Userid that you previously created*)

User Type:

☐ Physician (Death Certifier)

☐ Coroner (Death Certifier)

☐ Medical Data Entry Only

Mail or fax to:

North Dakota Department of Health

Division of Vital Records

Attn: Electronic Death Registration

600 E. Boulevard Ave., Dept. 301

Bismarck, ND 58505-0200

Fax: (701) 328-0300

Contact Information:

☐ Office Phone _____

☐ Pager _____

☐ Cell Phone _____

☐ Fax _____

☐ E-Mail _____

Complete all contact information, check one box as the primary method of contact.

Main Office Contact (other than yourself):

Name

Title

Phone

E-Mail